# Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

11974

Application ID:

09682142

PERMEABLE-REACTIVE BARRIER

Title of Invention:

MONITORING METHOD AND

**SYSTEM** 

First Named Inventor:

Timothy Sivavec

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

Effective Receipt Date:

2001-07-26

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

RD-28314

4.5

cn=Noreen C. Johnson, ou=Registered Attorneys, ou=Patent and

Digital Certificate Holder:

Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

n9leD1V0vMb2me/LYaaGWw==

Total Fees Authorized:

\$1778.0

Payment Category:

DA - Deposit Account

**Deposit Account Number:** 

70868

**Deposit Account Name:** 

Noreen C. Johnson

# TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

RD-28314

# PERMEABLE-REACTIVE BARRIER MONITORING METHOD AND SYSTEM

First Named Inventor: Timothy M. Sivavec

SUBMITTED BY

Name:

Noreen C. Johnson

Registration Number:

38,929

Electronic Signature Mark: NCJ

Date Signed: 20010726

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it, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal

JOHNSONRD-28314apds.xml

fee-transmittal

JOHNSONRD-28314fee.xml

specification

RD28314.xml

declaration

Dec1.tif

declaration

Dec2.tif

Attached Image File(s):

Comments:

# The light was some and the same of the sam

### **DECLARATION FOR PATENT APPLICATION**

Docket Num RD-28,3°

As a below named inventor, I her	eby declare that:				
My residence, post office address	s and citizenship are as state	d below next t	o my name.		
I believe I am the original, first an names are listed below) of the su PERMEABLE-REACTIVE BA	bject matter which is claimed	l and for which	n a patent is sought on		
the specification of which is attac	hed hereto unless the followi	ing box is che	cked:		
	as United States Application	-		nation Number	
and was amended on	(if applicable).	Number of F	Ci international Applic	adon Number	
I hereby state that I have reviewed by any amendment referred to all		nts of the abov	re identified specification	on, including the claims, as a	
I acknowledge the duty to disclos §1.56. I hereby claim foreign pri- inventor's certificate listed below date before that of the application	ority benefits under Title 35, t and have also identified belo	United States ow any foreign	Code, §119(a)-(d) of a	ny foreign application(s) for properties or inventor's certificate having	
Prior Foreign Application				Priority Claimed	
(Number)	(Country)	<del></del> -	(Day/Month/Year File	Tyes No	
•	· · · · · · · · · · · · · · · · · · ·	<del></del>		Yes No	
(Number)	(Country)		(Day/Month/Year File	•	
(Application Number	r) (Fili	ing Date)			
(Application Numbe	r) (Fili	ing Date)			
I hereby claim the benefit under the subject matter of each of the provided by the first paragraph of material to patentability as define the prior application and the nati	Title 35, United States Code claims of this application is r of Title 35, United States Code ad in Title 37, Code of Federa	§120 of any <u>U</u> not disclosed i e, §112, I ack al Regulations	inited States Applicate in the prior United State nowledge the duty to day, §1.56 which became	ion(s) listed below and, insofes application in the manner isclose information which is	
(Application Number	er) (Fil	ing Date)	(Status	(Status - patented, pending, abando	
(Application Number	er) (Fil	ing Date)	ng Date) (Status - patented, p		
I hereby appoint the following and Trademark Office connected			this application and	to transact all business in t	
Address all telephone calls to:	Noreen C. Johnson	at	telephone number _	(518) 387-7863	
Address all correspondence to:	General Electric Compa CRD Patent Docket Rm P.O. Box 8, Bldg. K-1 -	4A59			

Docket Number RD-28,314

 belief are believed to be true and further that these statements were made with the knowledge that willful false statem the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States C that such willful false statements may jeopardize the validity of the application or any patent issued thereon. SOLE OR FIRST INVENTOR: Full name: Timothy Mark Sivavec Middle Name 5/4/01 mole Signature: Date Residence: Clifton Park, New York Citizenship: USA City and State Post Office Address: 17 Spice Mill Boulevard, Clifton Park, NY 12065 SECOND JOINT INVENTOR: Full name: Angelo Anthony Bracco Middle Name Last Name Signature: Date . Albany, New York Residence: Citizenship: USA City and State Post Office Address: 40 Glendale Avenue, Albany, NY 12208 THIRD JOINT INVENTOR: Full name: Middle Name First Name Signature: Date \_ Residence: Citizenship: City and State Post Office Address: FOURTH JOINT INVENTOR: Full name: First Name Middle Name Last Name Signature: Date Residence: Citizenship: City and State Post Office Address:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information

## FEE TRANSMITTAL

Electronic Version 1.0.4 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

### **TOTAL FEES AUTHORIZED: \$ 1778**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name:

Noreen C. Johnson

**Electronic Signature Mark:** 

NCJ

Date Signed:

20010726

**BASIC FILING FEE** 

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	101	\$ 710	

Subtotal For Basic Filing Fee: \$ 710

### EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 66	103	\$ 18	46	\$ 828
Independent Claims: 6	102	\$ 80	3	· \$ 240

Subtotal For Extra Claims Fees: \$ 1068